

**Supplemental Application Data Sheet****APPLICATION INFORMATION**

Application Number: 10/549,509  
Filing Date: September 21, 2006  
Application Type: 35 U.S.C. 371 (c) (2)  
Subject Matter: Utility  
Suggested classification:  
Suggested Group Art Unit: 1633  
CD-ROM or CD-R?: None  
Number of CD Disks:  
Number of Copies of CDs:  
Sequence Submission?:  
Computer Readable Form (CRF)?: No  
Number of Copies of CRF:  
Title: MODEL FOR MUSCULAR DYSTROPHY AND  
CARDIOMYOPATHY  
Attorney Docket Number: 36180-100472  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:  
Total Drawing Sheets: 0  
Small Entity?: Yes  
Latin Name:  
Variety denomination name:  
Petition Included?: No  
Petition Type:  
Licensed US Govt. Agency:  
Contract or Grant Numbers:  
Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: AU  
Status:: Full Capacity  
Given Name:: Peter  
Family Name:: Currie  
Name Suffix::  
City of Residence:: Camberwell  
State or Prov. of Residence:: VIC  
Country of Residence:: AU  
Street of mailing address:: 12 Murdoch St  
City of mailing address:: Camberwell  
State or Province of mailing address:: VIC  
Country of mailing address:: AU  
Postal or Zip Code of mailing address:: 3124

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GB  
Status:: Full Capacity  
Given Name:: David Ian  
Family Name:: Bassett  
Name Suffix::  
City of Residence:: Gateshead  
State or Prov. of Residence::  
Country of Residence:: GB  
Street of mailing address:: 8 Tempest Street, Blaydon  
City of mailing address:: Gateshead  
State or Province of mailing address::  
Country of mailing address:: GB  
Postal or Zip Code of mailing address:: NE21 4ND

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23644  
Phone: 312-357-1313  
Fax: 312-759-5645  
E-mail Address:

## **REPRESENTATIVE INFORMATION**

Representative Customer Number: 23644

Representative Designation: Registration Number: Representative Name:

## **DOMESTIC PRIORITY INFORMATION**

Application: Continuity Type: Parent Application: Parent Filing Date:  
This application is a 371 international of 10/549507 03/18/2004

## **FOREIGN APPLICATION INFORMATION**

Country: Application Number: Filing Date: Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name:: Victor Chang Cardiac Research Institute Limited  
Address 1:: 384 Victoria Street

**Address 2:**

City of mailing address:: Darlington  
State or Province of mailing address:: New South Wales  
Country of mailing address:: AU  
Postal or Zip Code of mailing address:: 2010

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